

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/554052

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11			1			
12						
13						
14						
15						
16						
17			1			
18						
19						
20			1			
21						
22						
23						
24						
25						
26						
27						
28						
29			1			
30						
31						
32						
33						
34						
35						
36			1			
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50			1			
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.	←		64	←		←
TOTAL CLAIMS			72			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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60						
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62						
63						
64						
65						
66						
67						
68						
69			1			
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						